



## AUSTEN RIGGS CENTER

### A Guide for Referrers

When referring a patient to Riggs' residential program, we work hard to make the process transparent and thoughtful. This guide is meant to help outline some of our processes and criteria.

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The best way to start the process is to give us a call at 800.517.4447, Monday-Friday, 8:30 a.m.-5:00 p.m. (Eastern).

The Austen Riggs Center can help patients take charge of their lives when other psychiatric treatments have not worked.

Our psychoanalytic approach recognizes that relationships are a central part of treatment, symptoms and struggles have meaning worth understanding, and patients have authority in their lives and in their treatment.

## Admissions Criteria & Potential Rule-Outs

**Below are some useful guidelines for how we think about admissions criteria and potential rule-outs:**

### Suicidality & Self-Harm

- For patients with a recent history of a near lethal suicide attempt, and/or recent serious suicidal ideation (SI) or severe self-harm, we have a discussion with the patient and clinician to assess the risks and benefits of the open setting and their ability to manage their own safety.

### Substance Use

- Half our patients have co-occurring substance use disorders, but we do not treat people with primary substance use disorders or who are actively using substances. We do not offer detox services and are not a dual diagnosis facility. With the help of their clinicians, we try to assess prospective patients' ability to abstain from using alcohol and other substances while in treatment.
- Maintaining sobriety while on the waiting list helps demonstrate capacity to do so in an ongoing way. Recognition of the shared risk we take with patients in the consideration of an open setting is important. This is different based on the nature and extent of the history of alcohol or substance use.
- We ask for a period of abstinence from substance use prior to admission, often a longer period of abstinence for significant substance use (2-4 weeks).

## Eating Disorders

- A substantial number of our patients have co-occurring eating disorders. We can work with such patients if they are able to collaborate with their treatment team and our medical office to maintain a healthy weight, metabolic status, and medical stability.
- In patients with stable anorexia nervosa, we need a body mass index (BMI), relevant labs, and other information on how active the eating disorder is. A BMI of 17.5-18.0 is generally necessary for treatment to begin and continue at Riggs. However, BMI alone may not be sufficient. We work with our consulting internist to assess medical risks and define what we need for treatment to begin and continue.
- In patients with stable bulimia, we need to ascertain that electrolytes are stable. As with anorexia nervosa, our consulting internist will be involved in defining what we need to begin and continue treatment at Riggs.

## Violence & Aggression

- Patients with a history of significant assault of others are generally not candidates for Riggs. However, we are willing to assess the history and context of those with less worrisome histories to determine whether an open setting is appropriate. There is no tolerance for violence in the Riggs community.

## Legal Issues

- For individuals with criminal charges and/or legal pressures, we need to understand these, and will need information confirmed by a lawyer or court. We do not report to legal authorities about patients' progress. Treatment cannot be a condition to avoid other consequences, including incarceration. At Riggs, patients' authority to seek treatment cannot be replaced by judicial authority.
- In line with our focus on patient autonomy and authority, patients under legal guardianship or conservatorship cannot be treated at Riggs. Financial power of attorney is allowed, but we must verify that privacy of medical information is maintained by the terms of such an agreement.

## Cognition

- For patients who received ECT in the recent past a cognitive screening including memory testing is required. A MOCA, MMSE, or any other legitimate cognitive screening tool can be used.
- If there is any reason to consider organicity and/or cognitive impairment as a cause of their clinical presentation, we gather relevant neuropsychological testing, imaging, and other studies for review.

## Medical & Physical

- If there is any significant medical problem requiring medical treatment, including use of opioids for pain or other indications, we gather relevant records, labs, reports of imaging and other studies and forward them to our consulting internist for review and determination of what is manageable at Riggs.
- Patients with physical limitation or disability will be assessed for their needs. Prior to admission, a nurse will contact the patient to perform a functional assessment by phone.



# Admissions Process

Each admission is different and unique, but all start with a phone call to our admissions team. Our pre-admission screening is designed to carefully assess whether a potential patient is a good fit for Riggs and help a potential patient determine if Riggs is a good fit for them.

The pre-admission process involves three important steps:

## 1 Interviewing the Potential Patient

We need to hear from the patient to establish motivation and go over important information. This phone interview is scheduled directly with the patient and can take 30-60 minutes.

## 2 Gathering Clinical Information

We have a conversation with the patient's individual outpatient clinician(s) (therapist/psychiatrist) and/or gather clinical information from current inpatient/residential stays (within the past 3-5 years). We may also need medical information, depending upon the medical picture.

## 3 Committing to Financing Treatment

Whoever is financing treatment (the guarantor) needs to call to verbally confirm a commitment to our \$50,000 prepayment and to financing the initial minimum 6-week treatment and evaluation phase. The Riggs residential program is not an "in-network provider" with any health insurance plans and is not eligible for Medicare or Medicaid reimbursement; Riggs is largely self-pay. However, we work aggressively—and often successfully—to help families and patients obtain reimbursement from their insurance plan.

**Once a potential patient is on the Riggs waiting list, they will be scheduled as scheduling allows for an admission consultation with possible admission to follow.**

90% of patients seen in consultation are admitted. The 10% who are not are evenly divided between those who decline admission, and those Riggs declines to admit. Hence, although admission is likely, it always makes sense to have an alternate plan in case admission does not occur.

## Admissions Staff



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**Admission starts with a phone conversation.**

**800.517.4447**

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